

CHAPTER

6

ENROLLMENTS

Enrolling: If a person is assessed to have needs that can be met through the provision of waiver services, has chosen to receive services through the waiver, has Medicaid, has met ICF/IID Level of Care and has been allocated a waiver slot, then he/she can be enrolled in the ID/RD Waiver.

Enrollment occurs when the person's status on the SC Department of Health and Human Services' (SCDHHS) Medicaid Management Information System (MMIS) is updated to reflect ID/RD Waiver enrollment. The effective date of the enrollment will be:

1. the day the person is discharged from an ICF/IID (as shown on the HHSFC Form 181); **OR**
2. the date on which Medicaid eligibility is established for a "new" enrollee; **OR**
3. the day after a person is disenrolled from another Home and Community Based Waiver (e.g., CLTC's Community Choices Waiver, SCDDSN's Community Supports Waiver, etc.) as noted on the Memorandum of Confirmation of Transition (ID/RD Form 18); **OR**
4. the day after Community Long Term Care stops authorizing Children's PCA services/State Plan Nursing (note: this date must be negotiated with CLTC staff using the Memorandum of Confirmation of Transition (ID/RD Form 18); **OR**
5. the day the person is discharged from a hospital (if entering the waiver immediately following a hospital admission); whichever is latest.

No waiver services can be authorized prior to the effective date of enrollment.

For enrollment to occur, the Waiver Enrollment Coordinator must have the following documents:

- Notice of Slot Allotment (ID/RD Form 5) – completed by the District I ID/RD Waiver Coordinator
- SCDHHS Form 118A – completed by Waiver Enrollment Coordinator & SCDHHS Eligibility Worker
- Level of Care Determination for ICF/IID (ID/RD Form 9) – completed by the Consumer Assessment Team
- SCDHHS Form 181, if the person is being discharged from an ICF/IID – completed by the Regional Center Claims and Collections Office

Before ID/RD Waiver services can be authorized, the potential participant must be eligible for Medicaid. The SCDHHS Eligibility Division makes the determination of Medicaid eligibility.

SCDHHS has, in each region of the State, designated a Medicaid Eligibility Worker who works specifically with people who receive services through SCDDSN's ICF's/IID, ID/RD Waiver, Community Supports Waiver and HASCI Waiver. Their offices are located at our four regional centers: Midlands Center (Richland County), Pee Dee Center (Florence County), Coastal Center (Dorchester County) and Whitten Center (Laurens County). These workers are available to help the potential participant through the Medicaid eligibility process and to

determine the best possible eligibility category. Regional DHHS Medicaid Eligibility Workers' contact information is included in this chapter (see Attachment 2). They are responsible for all counties in their designated regions.

When the consumer has been awarded an ID/RD Waiver slot, the District I ID/RD Waiver Coordinator will complete the Notice of Slot Allotment (ID/RD Form 5) and forward copies of it to the ID/RD Waiver Enrollment Coordinator and the Consumer Assessment Team. The ID/RD Waiver Enrollment Coordinator will notify the DHHS Eligibility Worker via SCDHHS Form 118 A. The Case Manager/Early Interventionist will also receive a copy of the Notice of Slot Allotment (ID/RD Form 5), which is the notification that a waiver slot has been awarded.

- If the potential participant is **not Medicaid eligible**, the Medicaid Eligibility Worker will contact the participant/legal guardian/Case Manager/Early Interventionist to obtain the information needed to complete the application for Medicaid. The Case Manager/Early Interventionist should assist the potential participant in completing the application and returning it to the Medicaid Eligibility Worker as soon as possible.

Note: Establishing Medicaid eligibility is a lengthy process. The process may take in excess of 90 days to complete, but should not exceed 120 days.

- Once eligibility is determined, SCDHHS will notify the potential participant and SCDDSN's Waiver Enrollment Coordinator in writing of the decision. If determined eligible, the eligibility will be effective the first day of the month in which the application was submitted. For example, notification may be sent in April that a potential participant was determined eligible. If the application for the potential participant was submitted on January 20, eligibility will likely be effective January 1.
- If the potential participant is deemed **not eligible** for Medicaid, the Waiver Enrollment Coordinator will delete the request for waiver enrollment once notification from DHHS Eligibility is received.

The Waiver Enrollment Coordinator will notify the Case Manager/Early Interventionist when a consumer is ready to be enrolled. The consumer will have thirty (30) calendar days from the date the Waiver Enrollment Coordinator sends the notification to be enrolled into the waiver. If the consumer is not enrolled within (30) calendar days, the Case Manager/Early Interventionist will update the LOC, per policy (see Chapter 5), and the enrollment will be completed.

If the enrollee is currently enrolled in another Home and Community Based Waiver or is receiving Children's PCA or Nursing through the State Plan, the Case Manager/Early Interventionist must provide the Waiver Enrollment Coordinator with the negotiated date of disenrollment from the other Home and Community Based Waiver or the date of cessation of authorization of Children's PCA/Nursing. **This date should not, however, be negotiated with CLTC until it has been verified that the consumer is ready to transition to the ID/RD Waiver.** This must be done by consulting the Waiver Enrollment Coordinator. Once the negotiated date is verified with CLTC, formal notification should be given by completing the Memorandum of Confirmation of Transition (ID/RD Form 18). The original is sent to the CLTC Case Manager and copies are sent to the Waiver Enrollment Coordinator and the DHHS Medicaid Eligibility Worker (See Attachment 3 for instructions).

If all enrollment requirements are met, SCDDSN submits the enrollment form to SCDHHS, and SCDHHS will complete the actual enrollment transaction on MMIS. The Waiver Enrollment Coordinator will notify the Case Manager/Early Interventionist via the Certification of Enrollment/Disenrollment Form (HCB Form 13) of the enrollment date. Once this is done, the Waiver Tracking System will show an "E" under ENINS. Upon receipt of the Certification of Enrollment/Disenrollment Form (HCB Form 13) or when the Waiver Tracking System

indicates an “E” under ENINS, the Case Manager/Early Interventionist may complete the participant’s budget, add it to the Waiver Tracking System, obtain approval, and begin authorizing services.

Application Withdrawal: If, during the enrollment process, the consumer/legal guardian decides that they no longer wish to pursue ID/RD Waiver services, they must complete the Statement of Consumer Declining Waiver Services (ID/RD Form 20). This must be signed by the consumer/legal guardian along with the Case Manager/Early Interventionist. A copy must be forwarded to the District I Waiver Coordinator. A copy of the form must be provided to the consumer and the original placed in the consumer’s file.

Note: If the consumer/legal guardian makes this decision after the enrollment process is finalized, the Notice of Disenrollment (ID/RD Form 17) must be completed. See Chapter 7 for instructions regarding disenrollments.

If, at a later time, the consumer wishes to re-apply for the ID/RD Waiver, a new Request for ID/RD Waiver Slot Allocation (ID/RD Form 30) must be submitted according to the procedures outlined in Chapter 3 (Requesting a Slot).

Non-signature Declinations: When a pending waiver enrollment case requires closure (e.g. family moved out-of-state, unable to locate consumer/legal guardian or consumer/legal guardian has been non-responsive to required documentation or decisions related to Waiver enrollment) and the Case Manager/ Early Interventionist (CM/EI) is unable to obtain the signature of the consumer/legal guardian, the Waiver Enrollment Coordinator can close the case without a signature only after the CM/EI has met the following conditions:

1. The case file must contain specific dates when the CM/EI tried to contact the consumer/legal guardian. Notes will indicate what phone number was called and if a message was left or if a conversation took place. The CM/EI will ensure that calls are made on multiple days, at varying times to all available contact numbers and during times the file indicates someone would typically be at home.
2. After several telephone calls to no avail, the record must reflect that a regular post letter was sent. The letter will clearly explain what issues need to be resolved. A copy of this letter will be placed in the file.
3. If, after the above attempts, there is still no response, the CM/EI should send a certified, return receipt letter clearly explaining what issues need to be resolved, a copy of the appropriate appeals process and a statement that the case will be closed in the next ten (10) calendar days if no appropriate response is received. If there is no response in the ten (10) calendar days proceed to Step #5.
4. If during the ten (10) calendar days the individual contacts the CM/EI and requests assistance or additional time to make a decision, they should be given 30 calendar days from the request. If a decision is still not reached or documentation has not been received at the end of 30 calendar days then another certified letter should be sent clearly explaining what issues need to be resolved, a copy of the appropriate appeals process and a statement that the slot will be revoked in the next ten (10) calendar days if no appropriate response is received.
5. If the above steps have been taken, the Statement of Consumer Declining Waiver Services can be processed without a consumer/legal guardian’s signature. A copy must be forwarded to the appropriate Waiver Coordinator, who will remove the consumer’s name from the waiting list. A copy of the form should be sent to the consumer and the original placed in the consumer’s file. If, at a later time, the consumer wishes to re-apply for the Waiver, a new Request for Waiver Slot Allocation must be submitted according to the procedures outlined in the waiver manual.

Example of the contact flow:

- Multiple contacts documented informing the family of the required decision/documentation
- Regular post letter
- Certified letter
- 10 days later (if no contact is made or there is no request for additional time) Form 20 is completed and slot revoked

If the consumer/family requests additional time:

- Allow an additional 30 days for resolution

- Contact family for resolution
- Certified letter (if no resolution)
- 10 days later Form 20 is completed and slot revoked

**These standards are a minimum, if at any time the CM/EI feels additional time is needed by the family it can be granted.

Waiver Enrollments Coordinator:

Whitten Center
P.O. Office Box 239
Clinton, SC 29325
(864) 938-3292
Fax (864) 938-3302

State ID/RD Waiver Program Coordinator:

3440 Harden Street Ext.
P.O. Box 4706
Columbia, SC 29240
(803) 898-9704
fax: (803) 898-9660

District I ID/RD Waiver Coordinator:

Whitten Center
P.O. Office Box 239
Clinton, SC 29325
(864) 938-3520
fax: (864) 938-3435

District II ID/RD Waiver Coordinator:

Coastal Center

SCDHHS Regional Medicaid Eligibility Workers:**Midlands Region:**

Midlands Center
8301 Farrow Road
Columbia, SC 29203
(803) 935-5041
Fax: (803) 255-8245

Midlands Center
8301 Farrow Road
Columbia, SC 29203
Phone: (803) 935-5922
Fax: (803) 255-8245

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Richland	Aiken	Fairfield	Lancaster
Lexington	Newberry	Calhoun	
Kershaw	York	Chester	

Piedmont Region:

Whitten Center
P.O. Box 239
Clinton, SC 29325
(864) 938-3129
Fax: (864) 938-3119

Whitten Center
P. O. Box 239
Clinton, SC 29325
(864) 938-3200
Fax (864) 938-3119

Anderson	Pickens	Oconee	Edgefield	Greenwood
Cherokee	Saluda	Spartanburg	McCormick	
Greenville	Laurens	Union	Abbeville	

Coastal Region:

Coastal Center
9995 Miles Jamison Road
Summerville, SC 29485
(843) 821-5887
fax: (843) 821-5889

Allendale	Colleton	Beaufort	Jasper
Bamberg	Dorchester	Berkeley	Orangeburg
Barnwell	Hampton	Charleston	

Pee Dee Region:

Pee Dee Center
714 National Cemetery Road
Florence, SC 29502
(843) 664-2707
fax: (843) 664-2730

Chesterfield	Dillon	Horry	Marlboro
Clarendon	Florence	Lee	Sumter
Darlington	Georgetown	Marion	Williamsburg

TRANSITIONING FROM ANOTHER MEDICAID PROGRAM TO THE ID/RD WAIVER

When transitioning a person from a State Plan Medicaid Program such as Children's Personal Care Assistance (CPCA) or State Plan Private Duty Nursing, from one of the CLTC Waivers such as Community Choices, the Mechanical Vent Waiver, the HIV/AIDS Waiver or the Medically Complex Children's Waiver, or from another SCDDSN Waiver, it is important that the person seeking to enter the ID/RD Waiver maintain Medicaid eligibility.

To prevent an interruption of Medicaid services, coordination with the CLTC Case Manager/Nurse, the provider(s) of service, and the Waiver Enrollment Coordinator is needed **prior** to any change. In order to maintain uninterrupted Medicaid eligibility, the Medicaid Eligibility Worker must be informed of the ID/RD Waiver enrollment date and the participant's ICF/IID Level of Care date to properly update the participant's information.

For a smooth transition between Medicaid programs to occur, the following steps must be taken:

1. Verify with the Waiver Enrollment Coordinator that the person is ready to transition from State Plan Children's PCA/State Plan Private Duty Nursing or other Home and Community Based (HCB) Waiver. Once this has been verified, the Case Manager/Early Interventionist must contact the CLTC Case Manager to **discuss** the services being received **and determine** an agreeable transition date for the current services to end and for the ID/RD Waiver services to begin. The ID/RD Waiver enrollment date will be the day **after** termination from the State Plan program/other HCB Waiver to avoid a break in Medicaid eligibility.
2. Contact the Waiver Enrollment Coordinator (see Attachment 1) to verify that the agreed upon transition date is acceptable to allow for proper completion of all enrollment requirements. Once the Waiver Enrollment Coordinator states that all enrollment processes are complete, then the Case Manager/Early Interventionist will complete the Memorandum of Confirmation of Transition (ID/RD Form 18).
3. Send the Memorandum of Confirmation of Transition (ID/RD Form 18) to:
 - the CLTC Case Manager (or Waiver Coordinator/designee, if transferring from another DDSN waiver) as verification of the waiver transition date;
 - the Waiver Enrollment Coordinator;
 - the DHHS Medicaid Eligibility Worker; and
 - retain a copy in the participant's file.
4. After the case has been properly coordinated for transition, CLTC staff will terminate the participant from State Plan/waiver services and the relevant programs (or, if transferring from another DDSN waiver, the CM/EI will terminate existing services).

NOTE: CLTC policy prohibits backdating terminations for any CLTC or State Plan Program.

MEMORANDUM OF CONFIRMATION OF TRANSITION**TO:**

 Community Long Term Care Case Manager/Nurse OR Waiver Coordinator/Designee

 CLTC Case Manager/Nurse Telephone Number & Fax Number

 DHHS Medicaid Eligibility Worker

FROM:

 Case Manager/Early Interventionist

DATE:

RE:

 Participant's Name

Participant's Medicaid # _____ **Participant's SS #** _____

This memorandum is to verify that Medicaid services through:

- ☐ Community Long Term Care's (CLTC) Community Choice Waiver
- ☐ Children's PCA/State Plan Private Duty Nursing
- ☐ Community Long Term Care's (CLTC) Mechanical Ventilator Waiver
- ☐ Community Long Term Care's (CLTC) HIV/Aids Waiver
- ☐ Community Long Term Care's (CLTC) Medically Complex Children's Waiver
- ☐ SCDDSN's Head and Spinal Cord Injury (HASCI) Waiver
- ☐ SCDDSN's Pervasive Developmental Disorder (PDD) Waiver
- ☐ SCDDSN's Community Supports Waiver (CSW)

will end on ____ / ____ / ____ and ID/RD Waiver services will begin on ____ / ____ / ____ ,
 as we have discussed. This participant was determined to meet ICF/ID Level of Care on
 ____ / ____ / ____ .

(Effective date from Certification Letter)

Original To: CLTC Case Manager/Nurse OR Waiver Coordinator/Designee

Copies To: DHHS Medicaid Eligibility Worker, Waiver Enrollments Coordinator, File

SC Department of Disabilities and Special Needs ID/RD Waiver Notice of Slot Allotment

Date: _____

Consumer: _____

SSN: _____

Medicaid #: _____

Type of slot: _____

Placement (if residential): _____

CM/EI/District Office Rep/QMRP: _____

Provider/Regional Center/ICF/ID: _____

Chosen Service Coordination Provider: _____

The above referenced individual has been awarded a ID/RD Waiver slot. The Case Manager/Early Interventionist/District Office Representative/QMRP should proceed with determination of Freedom of Choice. Once the Freedom of Choice form is completed, prepare the ID/RD Waiver Level of Care packet according to instructions located in Chapter 5 of the ID/RD Waiver Manual. The Level of Care packet should be forwarded to the Consumer Assessment Team located at 8301 Farrow Road; Columbia, SC 29203-3294.

If the consumer is exiting a community or Regional Center ICF/ID, the Freedom of Choice and Level of Care requests should be completed by the appropriate ICF/ID staff. This notice is information only for the chosen Service Coordination provider.

ID/RD Waiver Coordinator or designee

Date

Original: File Copies: Enrollment Coordinator, District Rep/QMRP/CM/EI, Service Coordination Provider (if applicable), & CAT

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

ID/RD WAIVER**STATEMENT OF CONSUMER DECLINING WAIVER SERVICES**

Please Type or Print

Consumer's Name: _____

Social Security Number: _____

I, _____, as consumer/legal guardian of consumer, have decided at this time to not pursue enrollment in the ID/RD Waiver. I understand that declining participation now does not prohibit me from re-applying for the ID/RD Waiver in the future.

I understand that this decision does not directly affect my eligibility for other services available through the South Carolina Department of Disabilities and Special Needs.

Consumer/Legal Guardian_____
Date_____
Case Manager/Early Interventionist_____
Date☐

I am unable to obtain a signature from either the consumer or legal guardian. Therefore, the procedure for a Non-Signature Declination was followed and is documented in the consumer's file.

Case Manager/Early Interventionist_____
Date

Original: File Copy: Consumer/Legal Guardian and District I Waiver Coordinator